

## PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Joseph Duran Von Arx

Application No.: 10/573,183

Which is a National Stage Entry of  
PCT No. PCT/ES2004/000416 filed September 22, 2004

For: **NASAL STIMULATOR**

Docket No.: **600.006**

Customer No.: **000058152**

**URGENT**

REQUEST FOR OFFICIAL FILING RECEIPT

AND

SUBMISSION OF POWER OF ATTORNEY AND  
CORRESPONDENCE ADDRESS INDICATION FORM

ATTN: PCT

Office of Initial Patent Examination  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Va 22313-1450

Dear Sir/ Madam:

Applicant URGENTLY requests the Official Filing Receipt for the US application No. 10/573,183 which is a National Stage Entry of PCT application NO. PCT/ES2004/000416 filed September 22, 2004.

Applicant is not aware of the US application number; thus, Applicant is using the PCT number on this request.

Please note that Applicant needs to submit copy of the Official Filing Receipt to the Spanish Patent Office immediately.

In addition, Applicant is submitting herewith a Power of Attorney and Correspondence Address Indication Form.

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U.S. Application No.

Which is a National Stage Entry of PCT No. PCT/ES2004/000416 filed

September 22, 2004

## REQUEST FOR OFFICIAL FILING RECEIPT

Docket: 600.006

All correspondence should be now addressed to:

Evelyn A. Defillo

4922 Eagle Cove South drive

Palm Harbor, FL 34685

727 772-5916

Respectfully submitted,

Evelyn A. Defillo

Registration No. 45,630

DEFILLO & ASSOCIATES  
4922 Eagle Cove South Drive  
Palm Harbor, FL 34685

727 772-5916 telephone

Date: September 05, 2006

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the foregoing POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM for US Patent Application No. 10/1573,183, which is a PCT National Stage Entry of PCT/ES2004/000416 filed September 22, 2004, is being Facsimile transmitted to the Patent and Trademark Office, Mail Stop: PCT facsimile number (571) 273-3201 Attn: Commissioner for Patents, P. O. Box 1450, Alexandria VA 22313-1450, on September 05, 2006.

Evelyn A. Defillo

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and  
CORRESPONDENCE ADDRESS  
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PTO/SB/81 (01-06)  
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

10/573,183

|                        |                                     |
|------------------------|-------------------------------------|
| Application Number     | National Phase of PCT/ES2004/000418 |
| Filing Date            | International September 22, 2004    |
| First Named Inventor   | Josep Duran Von Arx                 |
| Title                  | Nasal Stimulator                    |
| Art Unit               |                                     |
| Examiner Name          |                                     |
| Attorney Docket Number | 600.006                             |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

000058152

OR

Practitioner(s) named below:

| Name | Registration Number |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Josep Duran Von Arx

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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US Application No. -----

Which is a National Stage Entry of PCT No. PCT/ES2004/000416  
filed 09/22/2004

Docket No. 600.006

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Evelyn A. Defillo

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Signature

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| <p>Sep 05 2006 10:55AM DEFILLO &amp; ASSOCIATES 727 789 6477 p.1</p> | <p><b>PATENT APPLICATION</b><br/><b>IN THE UNITED STATES PATENT AND TRADEMARK OFFICE</b></p> <p>In re application of<br/>Joseph Duran Voo Ark</p> <p>Application No.: _____<br/>Which is a National Stage Entry of<br/>PCT No. PCT/ES2004/000416 filed September 22, 2004</p> <p>For: MAGAL STIMULATOR</p> <p>Docket No.: 600.006</p> <p>Customer No.: 000058152</p> <p style="text-align: center;"><b>URGENT</b></p> <p><b>REQUEST FOR OFFICIAL FILING RECEIPT</b><br/><b>AND</b><br/><b>SUBMISSION OF POWER OF ATTORNEY AND</b><br/><b>CORRESPONDENCE ADDRESS INDICATION FORM</b></p> <p>ATTN: PCT<br/>Office of Initial Patent Examination<br/>Commissioner for Patents<br/>P.O. Box 1450<br/>Alexandria, Va 22313-1450</p> <p>Dear Sir/ Madam:</p> <p>Applicant <u>URGENTLY</u> requests the Official Filing Receipt for the US application No. _____ which is a National Stage Entry of PCT application NO. PCT/ES2004/000416 filed September 22, 2004.</p> <p>Applicant is not aware of the US application number; thus, Applicant is using the PCT number on this request.</p> <p>Please note that Applicant needs to submit copy of the official Filing Receipt to the Spanish Patent Office immediately.</p> <p>In addition, Applicant is submitting herewith a Power of Attorney and Correspondence Address Indication Form.</p> |
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